Maryland Board of Occupational Therapy Practice

Spring Grove Hospital • 55 Wade Avenue • Bland Bryant Building, 4th Floor • Baltimore, MD 21228

Phone: 410-402-8556 • Fax: 410-402-8561 • www.dhmh.maryland.gov/botp

Application for Biennial License Renewal

RENEWAL DEADLINE: 5/31/2017 (POSTMARKED) GRACE PERIOD: 6/1 – 6/30/2017 (POSTMARKED)	SOCIAL SECURITY NUMBER:
GRACE PERIOD: WI - 0/30/2017 (POSTMARKED)	I attest: (check either 1 or 2)
	☐ 1. My NBCOT certification is current, and I need 0 contact hours.
	or 2. My NBCOT certification is not current, and I have completed
	12 contact hours.
	H M (
	Home Phone: () Work Phone: ()
	Email address:
Fees (Make checks payable to: MD Board of OT)	Total Amount Due
Occupational Therapist (\$254 Renewal Fee + \$36 MHC	
Occupational Therapy Assistant Elective Non-Renewal Status (Inactive)	\$200 e 50
Late Fee - \$25 for applications postmarked between 6/1	6 - 6/30 \$ 25
Write YES or N/A (not applicable) for the following, since your last renewal:	During the last year, have you pled guilty, nolo contendre, or been convicted of, or received probation
	before judgment of driving while intoxicated or of a
3. During the last year, have you been addicted to drugs	controlled dangerous substance offense?
or alcohol? 4. During the last year, has any state licensing or	During the last year, has any hospital or related healthcare institution or employer denied you privileges or employ-
disciplinary board, or a comparable body in the armed	ment, denied any application or contract or limited,
services, denied your application for licensure, reinstate-	restricted, suspended, revoked, or terminated your privileges
ment or renewal, or taken any action against your license, including but not limited to reprimand,	or employment contract for any reason related to your practice?
suspension, or revocation?	10. During the last year, have the conditions of your
(b) During the last year, have you surrendered a license in	employment been affected by any termination of
any jurisdiction due to disciplinary proceedings? 5. During the last year, are there any outstanding	employment, suspension, or probation for any reason related to your practice?
complaints, investigations or charges pending against	11. During the last year, has a malpractice suit been filed
you in any jurisdiction (including Maryland) by any	against you or has a claim for damages been settled or
licensing or disciplinary board or a comparable body in the armed services?	awarded against you?12. During the last year, have you knowingly practiced
6. During the last year, have you had a physical, or	occupational therapy in the State of Maryland or any other
mental illness that currently impairs your ability to practice your profession?	jurisdiction without an active license?
7. During the last year, have you pled guilty, noto	If YES is answered to any question, attach a detailed explanation for
7. During the last year, have you pled guilty, noto	- t
contendre, or been convicted of, or received probation	each question answered yes and include a certified copy of court records, if applicable.
contendre, or been convicted of, or received probation before judgment for any criminal act?	each question answered yes and include a certified copy of court records, if applicable.
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